Oral Hygiene

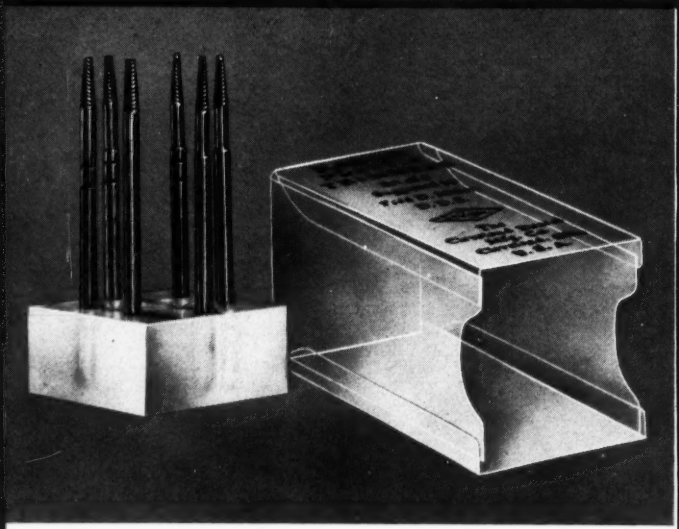
FEBRUARY 1953

The Naval Medical Center, Bethesda, Maryland. Twenty-first Annual Postgraduate Clinic of the District of Columbia Dental Society, Shoreham Hotel, Washington, D.C., March 15-18.

In this issue: ***That Moot Question— Is There a Business Side to Dentistry?***

KADON PLASTIC TRIMMERS

THREE PAIRS: Three Lefts and Three Rights
Cutters in Handpieces or Angle



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The Publisher's CORNER

By Mass

No. 379

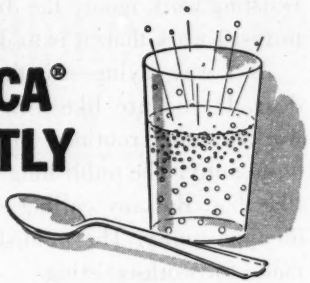
Under the Rug

DESPITE his tender years, an adolescent of my acquaintance recently volunteered a disturbing observation—disturbing because during most of my life I have been pushing the same thought out of my conscious mind, just as an indolent housemaid sweeps stuff under the rug.

"It is," said our young chum, "more laborious to resist work than it is to do it." I know that is true as can be; but for as long as I can remember, I have, like the housemaid, been sweeping this truth under the rug. Deliberately trying to forget it. Evading by rationalizing. Maybe you have been doing it, too, Bub. We humans glory in announcing publicly that we dearly love to work. Maybe, in short spurts, we do love working, as a respite from monotony. But, deep down inside, we'd rather be fooling around, or napping, or otherwise refraining from labor.

Now comes this thoroughly objectionable youth to expose what's been more or less hidden under my rug (and your own). The realization that you can't win, because all the cute tricks for

WHY SAL HEPATICA® ACTS SO PROMPTLY



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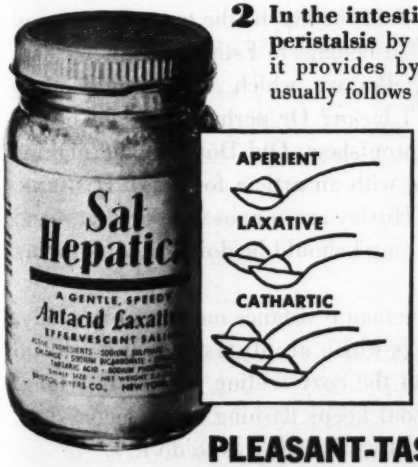

REFERENCES:

1. The Physiological Basis of Medical Practice. 1945, p. 486.
2. New England J. Med. 235:80, July 18, 1946.

PLEASANT-TASTING, ANTACID, EFFERVESCENT, SALINE LAXATIVE

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resisting work ignore the dismal fact that "it is more laborious to resist work than it is to do it."

As I was saying—all the cute tricks for resisting work. Oh dear. If you are like me, you have over the years contrived work-resisting routines, ingenious, intricate, devious, and also quite nutty. The publishing business is a fine one in which to be like that. But any calling—including your own—offers plenty of opportunity. The publishing life, however, is really tailor-made for work-resisting.

For example, as I sit here at the typewriter batting out this February CORNER, the scene is really Custer's last stand. I have finally quit detouring this chore only because the end of December has practically arrived.

But what I am getting at is this: in the publishing business, a gent making noises with a typewriter may actually be evading his real job. Although appearing to be the soul of industry, he may really be resisting work.

Thus, the clatter may be resulting only in a personal letter to a friend outside the dental field; or maybe the text of a want ad for ORAL HYGIENE, a job that belongs to Esther; or a news item for our dental trade paper, PROOFS, which Annie would otherwise be writing. See what I mean? Or perhaps I might be observed sternly scanning a proofsheet. Old Doubledome making sure that everything is jake with an article for ORAL HYGIENE. But Ed Ryan and Marcella Hurley are supposed to do that—and do. And all the while something I should be doing is deftly being put off.

On such occasions, the one-man resistance movement (namely, me) is resisting doing things which are distasteful, difficult, no fun at all. A cozy deal. But the cozy feeling doesn't last long. The handwriting on your soul keeps flashing like a neon sign: "It is more laborious to resist work than it is to do it."

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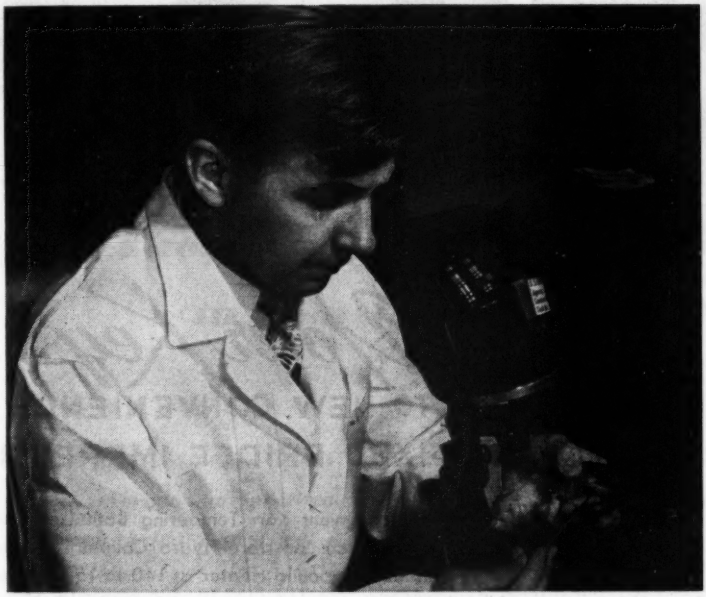
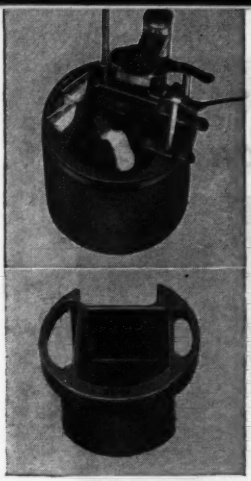
Picture of the Month



DOCTOR ERLING JOHANSEN, fellow in dentistry at the University of Rochester School of Medicine and Dentistry, demonstrates here the research apparatus he has developed for microscopic examination and photography of the minute processes of dental caries and periodontal disease in the teeth of rats, guinea pigs, and hamsters. The painless instrument, which immobilizes the animal and holds open its mouth as it rests in the hand, makes possible the preparation and restoration of small cavities, and the controlled application of chemicals, such as sodium fluoride, for more accurate study of their usefulness in the prevention of caries. It also allows studies of the effects of various controlled methods of toothbrushing, as well as the effect on the teeth of different types of food. Doctor Johansen received his D.M.D. degree from the Eksamen Artium in Norway in 1943, and served as a member of the Royal Norwegian Army Dental Corps during 1949-50.—*Photograph courtesy of Bulletin of the National Society for Medical Research.*



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That Moot Question . . .

Is There a Business Side to Dentistry?

BY S. J. LEVY, D.D.S.

Exchange ideas in open discussion to improve your practical approach to dental practice.

THE BUSINESS side of dentistry always has been looked upon as a step-child, as something unmentionable, by dentists in the higher professional circles. Not that they have not faced it, accepted it, and embraced it individually in their own practices, but they seem to have made a tacit agreement that the less said about it publicly the better. Here is a young and precocious profession, already rich in accomplishments, plagued by memories of a frustrated childhood. Commercialism was one of its early aberrations, and the mere mention of the word "business" brings to consciousness a slumbering inferiority complex.

I have heard too many platform speakers describe certain methods of treatment, or the construction of appliances which require an extraordinary amount of time and expense. A courageous listener would stand up and ask, "How can all this be done by the average dentist for a patient of small means?" The answer invariably was, "You are entitled to a fair fee, but anyone who permits his services to be gauged by the fee a patient could afford to pay does not belong in dentistry." I have not known or heard of a dentist who followed this advice. As one of the many catering to the low-income majority, it gave me great satisfaction once to overhear one of these educators complaining to a friend that collections were his

greatest worry in dental practice.

In recent years a new word has appeared in dental literature, an awe-inspiring word with a scientific flavor, "Socioeconomics," which deals with the dentist-patient relationship on a high plane, but never quite gets down to fundamentals. The young dentist is plagued each day by problems in connection with his practice, such as fees, hours, records, supplies, laboratories, collections, method of patient approach, and so on. These are things he has not been prepared for, and for which he searches at society meetings and in dental journals in vain. Left to shift for himself, he is forced to turn to questionable sources for enlightenment, which starts him on the road to becoming an advertiser or a "quack."

Selling Health Service

Dentistry has made its own mark as a progressive independent profession, and has justified its existence as such by successfully coping with problems and situations singularly its own. Yet some would have us continue clinging to the apron strings of the medical profession. We have been given a code of ethics, an admirable document of moral philosophy, patterned after a medical code drawn centuries before dentistry was born. Insistence upon following it literally is equivalent to an invitation to turn deliberately to methods of practice directly opposed to the profession's principles.

Both the physician and the dentist sell health service, with the difference that the dental service includes commodities. The dentist's obligations go much further than the writing of a prescription and the collection of a fee. There is an exchange of information on the type of restoration costs and the ability of the patient to meet them. If an agreement is reached, the courts of law recognize it as a contract. I am aware of the existence of a class of patients who ask no questions and let the dentist write his own ticket, but I never have had the pleasure of meeting one of them. I have reason to believe that few dentists have.

It is not sufficient for a professional man—dentist, physician, artist, or minister—to be proficient in his calling. He must know how to sell himself to the public. It is this aptness for dealing with people, or the lack of it, that constitutes success or failure.

How does the honor student just graduated from dental school fit into the picture? He starts out with enough self-confidence to set the world afire, but it is not long before he encounters difficulties. He complains that patients do not appreciate good service; that they are only interested in dollars and cents. One patient walks out because the fees are too high; another loses confidence because they are too low in comparison with those of his previous dentist. The

young dentist receives no help at society meetings. He accepts suggestions from "old-timers," then regrets it. He has all kinds of trouble. He is taken in by a hard luck story, only to find later that he has been cheated. Complications arise in a case that requires raising his estimate, and he wonders how to do it without provoking an argument.

Business Education

No one understands the dentist better than the amicable, obliging supply salesman. Some time ago, one clever salesman hit upon a profitable idea to offer a business course for dentists. Others followed, and the rush for business education was on. These courses had their good points: keeping records and files, follow-up memos, billing, collections, and other business procedures. They also included proper verbal approach, selling the patient on x-rays, and raising of contracts. Some decorated their advertising with high-sounding terms culled from elementary psychology texts. They spoke of lectures on "Inferiority Complex," "Phobias," "Repression," "Introversion," "Cupidity," "Fear," and "How to Build a Personality." The most attractive feature was a guarantee of an immediate boost in income of from 50 to 100 per cent, which worked out successfully for a short while.

It was not altogether the fault of the "educators" that the plan misfired later on, for:

1. People with set habits resist change.
2. Patients sensed that the scheme was at their expense.
3. Resentment to being high-pressured was openly expressed.
4. Patients had been satisfied with their dentists as they were.
5. The dentist was a poor actor, and often mixed up his formulas.
6. It was difficult for the dentist to try to be what he was not.

When the new "business executive" realized that his artificial prosperity had been decreasing and his losses were exceeding his gains, he reverted to his old methods.

In justice to business courses, it is true that someone here or there does pick up points which he uses to advantage, just as some dentists are so successful that they need no outside instruction. I cannot tell you how they do it—I wish I knew. A special aptitude for business suggests itself as the only reasonable answer. But recognizing the accepted theory that students choose a professional career because of their temperamental disinclination to commercial enterprises, or an inborn distaste for business, the question arises, why do they choose dentistry? Here is a problem for the experts on the TV quiz programs.

Conduct Important

This article is not intended to convey the thought that the den-

tist is incapable of learning, nor is it meant to suggest that the universities make business experts of dental students. I have in mind the elementary principles of business conduct which, it seems to me, many dentists lack, such as making statements that are compromising to themselves—for example, boasting of their own superiority; belittling a colleague's work; making promises that cannot be kept; talking while working on a patient, or doing two things at the same time. The negative approach, what not to do, how to get rid of excess baggage, would be of greater benefit than the addition of new "gimmicks" that often spell disaster.

Here is an incident in point. I had a superficial cavity treated by a neighboring dentist. He was known as a talkative fellow, one who works between words. During the course of the monologue, I learned that he owed the success of his denture construction to an invention of his own; that he had never made an accidental pulp-exposure; that his practice consisted mainly of patients dissatisfied with other dentists' service. My patience at an end, I pleaded with him, through a cotton-stuffed mouth, to get down to business. At last he yielded grudgingly; bur in handpiece, lips picking up the threads of an interrupted story, he moved in. The attack on my poor tooth was short, quick, explosive, as my face turned white, his red, and blood spurted out of the cavity in an alarming fashion.

Accidents are human, but unheralded by loose talk and undramatized, they may pass into oblivion for both parties as rapidly as they happen, but the kind described here often land in the law courts. Judge and jury will rarely convict the average dentist, if whatever he did was in good faith. It is different with the man who commits himself with statements of extraordinary skill. In the eyes of the law, he is of the "specialist" class and must carry the full burden of responsibility.

Attitude Changes

While the profession has been making giant strides in technique in the last quarter-century, the public has not stood still. People appear to be more sophisticated and less gullible. Exaggerated radio and TV "blurbs" have sharpened their judgment in discerning between truth and bluff, honesty and dishonesty, and with this discernment has emerged a sense of ethics. Most patients are not likely to be "taken in" by sales talk. I have recently heard remarks by patients on the ethical or unethical conduct of this or that dentist or physician. If he has been recommended, the patient will judge the dentist not by his speeches, his opinions of other dentists, his political views, his self-praise, and certainly not by his clowning in order to amuse. The patient in the chair is there to receive treatment,

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ORAL HYGIENE AWARD

This article by S. J. LEVY, D.D.S., has won the $100 ORAL HYGIENE award for the best feature published this month.

★ ★ ★ ★ ★ ★ ★

and it is by the efficient, aseptic, careful, and time-saving methods of the operator that he will appraise him. External gymnastics are not amusing, but boring, as I was bored in my colleague's office. The patient is there for dental treatment, and in no mood for entertainment.

Conclusion

1. The drag on the profession caused by the dentist's lack of elementary business training is the fault of our educators who have shunned its existence.

2. The trend toward centralization of practices is a move in the direction of higher ethical standards, but does not altogether eliminate the haphazard, blundering business methods accumulated over the years.

3. There is more to be gained by eliminating these blunders than by accumulating new ones. *No* salesmanship is better than *bad* salesmanship.

4. The physics law of impenetrability (two objects cannot occupy the same space at the same time) holds true for the garrulous: one cannot work and talk at the same time without doing a poor job of one, the other, or both.

5. Exchange of ideas in open discussion will go far toward elimination of blunders. We are unconscious of our own errors, but we can detect them quickly in others.

Chester, New York

"CASH AND CARIES"

"THE FLURRY-DATION hassle in your columns makes good reading but the arguments have been on too dignified a plane.

"If the 'Agins' think the deal is a municipal Mickey Finn, and the 'Fors' believe a good campaign slogan for the opposition should be 'I Like Ache,' let 'em say so.

"Just picture the grand opening with little tables scattered over the courthouse lawn and waiters fetching steins of the new Miracle Water amid resounding toasts of 'Gesundheit' and 'Down the hatch,' while scattered spotlights gleam on the healthy, white choppers being bathed in Flouride.

"Later we outlanders will be lining up at Old Faceful, the bubbly fountain, swigging the Energy Aqua, and filling our jugs to take home. What price Polka Dot teeth?

"Just one thing—what's with the dentists, trying to kill off their 'Cash and Caries' trade?"—*Freeport (Illinois) Journal Standard.*

Seventy Years a Dentist*

BY ROBERT D. WILCOX

"Grandfather of Dentistry" and founder of free dental clinic retires reluctantly from active practice.

On the first day of September, when a dentist in Frederick, Maryland, said goodbye to his last patient for the day, and slowly put away his instruments, he terminated one of the most remarkable careers in modern dentistry.

Doctor Thomas S. Eader, at 92, was said to be the Nation's oldest practicing dentist. He was also one of the dental profession's most beloved and respected members. For seventy continuous years he had practiced dentistry, growing in skill and professional stature over the years.

When he began his practice, dentists powered their own drills by pumping a treadle. The standard fee for extracting a tooth was twenty-five cents, and a dollar bought a gold "filling"! As the profession progressed from the castings of Taggart to modern x-ray machines and the use of fluorides, Doctor Eader advanced with it. He never ceased studying and adopting new techniques.

He once remarked, "I've gone to school every day of my life. I've given every hour I could spare to keeping abreast of major developments. In a fast developing science, you know, the practitioner who doesn't grow with his profession soon becomes as obsolete as yesterday's procedures."

All of the seventy years of Doctor Eader's practice were spent in his native Frederick. After graduating from the Baltimore College of Dental Surgery in 1882, he opened his first office in the Etchison Building and spent twenty-five years in that location. He then moved a half-block away to a new office at 40 North Market Street, where he remained for the next forty-five years. Over the years, his office became a landmark in the town, used by the townspeople in directing strangers.

In his seven decades of practice,

*Doctor Eader died December 14, 1952, as the result of a fall at home.

The late Thomas S. Eader, who retired September 1, 1952, is shown in a picture of four generations of the Eader family gathered to celebrate his ninetieth birthday. At the left is his daughter, Mrs. A. Guy Moul. On his knee is his great-grandson, Al Collins. Next to him is his granddaughter, Mrs. E. E. Collins.

Doctor Eader was away from his office because of illness only twice, and has never been seriously ill. Once, ten years ago, he slipped on the cellar stairs and slightly sprained an ankle. His daughter announced firmly that for once he was going to stay at home and take care of himself. By the following afternoon, however, he had "slipped back to the office" and was hard at work again.

Doctor Eader hesitates to attribute his excellent health to any one thing, but he has a word of advice for all dentists. "I take an hour's nap each afternoon. You should try that. It'll make you feel like a new man. Your fatigue is gone, and your general health improves. It gives you a new approach to living." He claims no beneficial effects from his favorite drink, but he observes that his daily milk shake with an egg, two scoops of ice cream, and a little malt does not seem to have done him any harm in the last forty years.

Doctor Eader always has been concerned with the problem of making dental attention available to those who could not afford it. "No one can quarrel with the humane proposition that every human being in need of medical care should receive it," he says. "By

the same token, every person in need of dental care should have it." It was this belief that led him to establish the Frederick Free Dental Clinic and serve as its President from 1925 through 1930.

With the increasing complexity of dental techniques, Doctor Eader realized the need for more and better dental societies to help keep dentists informed and to promote sound professional standards. As a result, he founded the Frederick County Dental Society and served as its President from 1918 through 1928.

He held the office of President of Maryland State Dental Association from 1927 to 1929, was honored by being made a Fellow of the American College of Dentists, and served as Chairman of the Maryland Section from 1946 to 1947. He is the oldest active member of the American Dental Association and has represented Maryland in the House of Delegates at many of the annual meetings of the Association.

His attendance at national dental meetings has made him well known to thousands of his colleagues. He receives mail from all parts of the country addressed to "Papa Tom," a nickname given him by a grandson. Occasionally, the letters are addressed to "Grandfather of Dentistry, Frederick, Maryland." They all find their way to him.

Retirement Difficult

Two weeks after his official retirement, I stopped to visit with "Papa Tom." His daughter, Mrs. Helen Eader Johnson, related that only a week before, Doctor Eader had remarked wistfully that perhaps he had better bring a dental chair home, so he could "take care of just a few of the old patients." Only her firm opposition changed his mind.

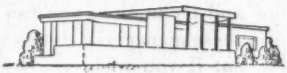
When I asked for Doctor Eader, his daughter said, "Oh, he's down at the office now—just reminiscing a little and perhaps finishing up a few more things. But he promised me he will quit after today." After seventy years, Doctor Eader finds it pretty hard to retire.

Mill Apartments, RD No. 1
Millersville, Pennsylvania

THE COVER

THE NAVAL Medical Center at Bethesda, Maryland, shown on this month's cover, will be a point of interest for many dentists attending the Twenty-First Annual Postgraduate Clinic of the District of Columbia Dental Society at the Shoreham Hotel in Washington from March 15 through 18. Executive Secretary of the Society is Edward H. Steinberg, 1835 Eye Street, N.W., Washington 6, D.C.

Rental Homes May Be a Good Investment



BY JOHN Y. BEATY*

Good location and transportation are important assets to consider in rental property.

WITH HOMES renting for as much as $125 and $150 a month in cities, individual houses in suburban areas are generally in great demand even at these high rentals.

If you built a new ranch-type house at a cost of $30,000 and rented it for only $100 a month, you would obtain 4 per cent interest on your investment. However, this is before deducting expenses, such as taxes and up-keep. On the other hand, if you built a new home for $20,000 and rented it for $100 a month, you would realize 6 per cent interest. If you found a desirable home already built in a rural area, with good transportation to a nearby city, you might be able to purchase it for $15,000. If you then rented it for only $100 a month you would have interest of 8 per cent on your investment.

Many are considering this type of investing because of its desirability and because of the increasing demand for suburban homes. However, it must be pointed out that any real estate requires management. Rentals must be collected, repairs must be made, and

*Editor, Investor's Future.

occasional improvements are necessary in order to maintain the desired income. If you have the time and inclination, you can perform these managerial duties yourself, but if you wish, you usually can hire a local real estate man to look after the property for a small fee.

If, rather than $100 a month, you rent for $125 or $150, you will have an additional amount to use for management and other expenses. There are, of course, properties in various locations which rent for less than the amounts mentioned, but usually, the cost of this property is lower.

It must not be understood that all available homes can be rented for $100 to $150. Some homes are not desirable because of location or because of the condition of the property. For that reason, there are certain important facts which must be kept in mind in selecting residential property for rental. Most important is the location; the environment of the house may eventually reduce its rental value and its sale value, or the rental value may increase and the salability may be greater if the property is selected in the right location.

Selecting Location

In deciding on the right location, appraise the property with the idea that you are buying it for your own occupancy. If there are any features which would be unpleasant to you, you can assume that they would be unpleasant to prospective renters.

While nearness to transportation is important to commuters, most people do not wish to live beside a railroad where they would be disturbed by the noise of trains. As a rule, homes that are not on a main highway but close to it are more desirable. A strictly "country" home is on a side road where there is little traffic, but the side road is adjacent to a main highway on which the residents may travel either to the city or to local train service.

Wooded areas are in greater demand than land with no trees whatever. Anyone who has lived in a house knows that shade is important, and mature trees add greatly to the enjoyment of living. Most people appreciate perennial flowers and a garden space if they are buying in a suburban area. Everyone wants a garage and preferably a two-car garage. Many families have two cars so that the wife will have a car for her own use, without the necessity of driving her husband back and forth to the train.

While there are some advantages in renting to couples without children, most families either have children or expect to have them; consequently, two- and three-bedroom homes are likely to be more in demand than one-bedroom homes. In fact, it probably would be unwise to invest in a one-bed-

room home with the idea of making a profit by renting it.

Suburban Areas

There are some building areas where restrictions prevent undesirable people from buying or renting in the community, but in most suburban areas it is quite likely that these restrictions do not exist. For that reason, the surrounding property should be considered as to the type of people who are likely to buy or rent adjacent homes, or adjacent vacant land with the idea of building their own homes. In other words, when you visualize the type of renter you would prefer, you will, of course, select a location which you believe would appeal to that type of renter. If surrounding homes and other conditions indicate undesirable occupants, you probably are in the wrong location.

There are some suburban areas which have inadequate train service. For example, some have only one train a day. If that train happens to leave at an inconvenient time, you may have difficulty in renting property in that location. On the other hand, if the train service is good but the time needed to get to the city is more than most people wish to spend, that may be a deterring factor. Most commuters prefer not to spend more than an hour on the train each way in going to and coming home from their offices. It is likely that rental property in an area requiring more than an hour's ride would be less desirable for commuters and, therefore, might have to be rented at a lower rate.

There is going to be a definite increase in demand for homes in the country by city workers. The cities are crowded, rents are high, and living is less pleasant and more costly. There is also a trend in industry to move out of the city and, in many suburban areas, there is a demand for rental homes by those engaged in industries recently moved into the area. With this in mind, all available information should be obtained as to the location of suburban industries and the prospects of further industrial expansion, and the presence of such undesirable factors as smoke, noise, or offensive odors. They greatly depreciate the value of your property from the rental standpoint. A study of local zoning ordinances, if such exist, is important in this connection.

Local community facilities such as schools, churches, parks, playgrounds, and shopping centers, must be considered. If these are located within walking distance, that is an asset; but it is not often in these days that a family must depend upon foot transportation. Most people expect to go to church or to shopping centers in a car, and most communities provide school busses.

Another matter to be considered is the possible turnover of renters, which is costly. If you can rent to the same family for ten years, your expenses will be lower than if you have to install a new renter each year. There are always repairs to be made, and many families demand certain improvements or changes in the building or grounds. The moving in and out of furniture creates expense for the owner because of minor damage, which suggests the desirability of long-term leases. The length of the term possible or desirable is hard to say, but it would appear that the longer the term, the better.

One disadvantage of a longer term is that at some time it might be desirable and possible to increase the rent. A long-term lease might make this difficult or impossible. It would appear, however, that if possible, the same family should be retained for a long period. The family selected might prove to be undesirable for some reason, and you might wish to make a change. If you have a shorter lease, it would be easier to make the change, but this moving should be avoided if possible.

It is difficult to say whether the lease should contain a clause allowing either party to terminate it on 30-days' notice. If you are doubtful about the renter, such a clause might be an advantage to you as owner. However, if the renter is of a transient nature, it might be to your disadvantage. Probably the most common type of lease is for twelve months. The only way to decide wisely as to the length of term that is best for your property is by experience.

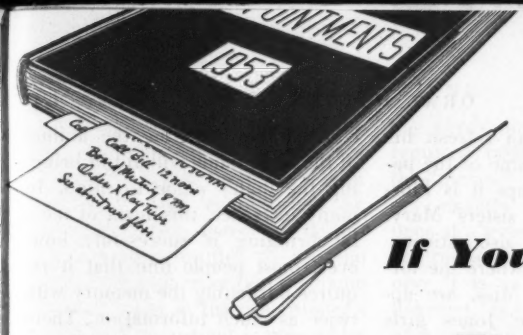
It should be remembered that you can get considerable help on all of these points from local real estate men. It is advisable to choose a real estate agent who has been in business in the locality for a long time.

Wee Thistlebrae Farm
Crystal Lake, Illinois

PRINCE PRODUCES DENTURES

THE RULER of Liechtenstein, Prince Franz Joseph II, provides for his large family by manufacturing dentures. Liechtenstein, which is 17 miles long and 3½ miles wide, lies between Switzerland and Austria, in a lovely mountain valley. Since the ruler of this Principality receives no subsidy from his subjects, his chief source of income is the production of these dentures, including black ones for the natives of Asia, who chew the nut of the betel palm, which stains their teeth black.

Franz Joseph's dentures are highly prized by dentists everywhere, and the enterprise has proved so profitable that he now owns part of a bank and has begun producing a pocket-sized calculating machine, the smallest in the world.—*Pageant Magazine.*



If You Forget to Remember

BY CHARLES P. FITZ PATRICK

A written "memo" may prove more reliable than your memory!

IF IT HAS always been your practice to depend on your memory to recall many things, it is natural to overlook the part the passing years play in decreasing its efficiency. If the human mind was an infallible mechanism, there would be no need for the manufacture of carbon paper, and your patients who earn their living in file and record rooms would not be in a position to pay the bills you present them for dental services.

Among all the tested and proved systems for refreshing the memory, few are as dependable or as simple as the "memo" method. After writing a note of instructions to yourself, you need only refer to the written slip until each item has been attended to. Before he leaves his office in the evening, one eastern dentist puts down on paper a quick reference to the things he wishes to attend to the following day. Then, using the paper as a bookmark, he slips it into his appointment book for the following day and goes home with a free mind, knowing that the "musts" for the next day will be taken care of. This cost-free technique will eliminate any sudden realization of a forgotten telephone call, or remembering too late that you neglected to ask the laboratory to deliver early a repaired denture for a patient due in the office in five minutes.

Although a dentist sees his patients only a few times a year, the men and women who walk into the operating room expect to be recognized as old friends. They rightfully think of themselves as individuals, not just as oral cavities. In offices where all treatment is performed on the basis of prearranged appointments, part of this problem is handled automatically. By referring to his appointment

book, the dentist can refresh his memory as to the name of the patient due. But perhaps it is Florence Jones, whose sisters Mary, Jean, and Helen are also patients.

Even in an office where the formal Mr., Mrs., or Miss, are applied regularly, the Jones girls may make idle conversation a bit difficult. Jean may be the mother of three children, while Florence is still unmarried, and Helen and Mary are following specialized careers with no thought of taking on the obligations of family life. In situations like this, the work record card may be employed as a memory aid as well as a written history of patients' oral health. The word "married" followed by "3 ch" on Jean's card will help to distinguish her outside interests from Helen's, whose card shows the notation "millinery buyer."

Although the dentist may not wish to discuss at length the subject of greatest interest to the individual patient, such memory stimulants tend to avoid embarrassing misstatements. However, in some instances where conversation may be desirable to condition a nervous patient for the treatment required, some information jotted on the work record card regarding his hobby, may prove invaluable.

In an effort to assist in building better memories, some psychologists have suggested an association technique. To help recall Mr. Fox's name, for instance, it has been claimed that recalling the animal of the same name will aid in bringing the man's name to mind. In many instances, this form of mental bridging is successful; however, most people find that it requires burdening the memory with twice as much information. There is also the possibility of faulty association, as demonstrated in a professional office outside the dental field.

Among the regular callers to this office was one valuable visitor who found enjoyment in discussing the subject of distilled beverages. Because of this conversational quirk, someone in the office dubbed the gentleman "Mountain Dew." Then the inevitable happened. One morning when the middle-aged visitor called at the office, the receptionist, who apparently was a victim of the association technique, smiled pleasantly and said, "Good morning, Mr. Dew." There is no need to describe the embarrassing tongue-fumbling that followed. From that day on each patient was referred to by his own name.

Repeat Names

During a patient's initial visit, a dentist is in an ideal position to etch the individual's name deeply in his memory through repeating the name. Following the introduction, he should repeat the name audibly, and then ask, "Is that spelled J-o-h-n-s-o-n?" Seeing the name written on the record card

aids in recalling the name and the owner at the time of the next appointment. While the patient is in the chair, and again when he leaves the office, there will be additional opportunities to use the name. Through repetition the name becomes fixed in the practitioner's mind, and the patient is pleased by the sound of this personal identification.

If you are inclined to forget to remember, do not attempt to crowd your "memory file" any further. Perhaps you have already filled it with too much irrelevant material. Simply put your memory needs on paper, perform the required tasks, then throw away the "memo." There are some memory experts who, after looking once at a series of boxcar numbers, can repeat the numbers from memory. It is an impressive accomplishment, but when the president of a railroad wishes to recall boxcar identifications he simply checks written records. His "memory file"—and yours, too—returns maximum value when used as a storehouse for really important material.

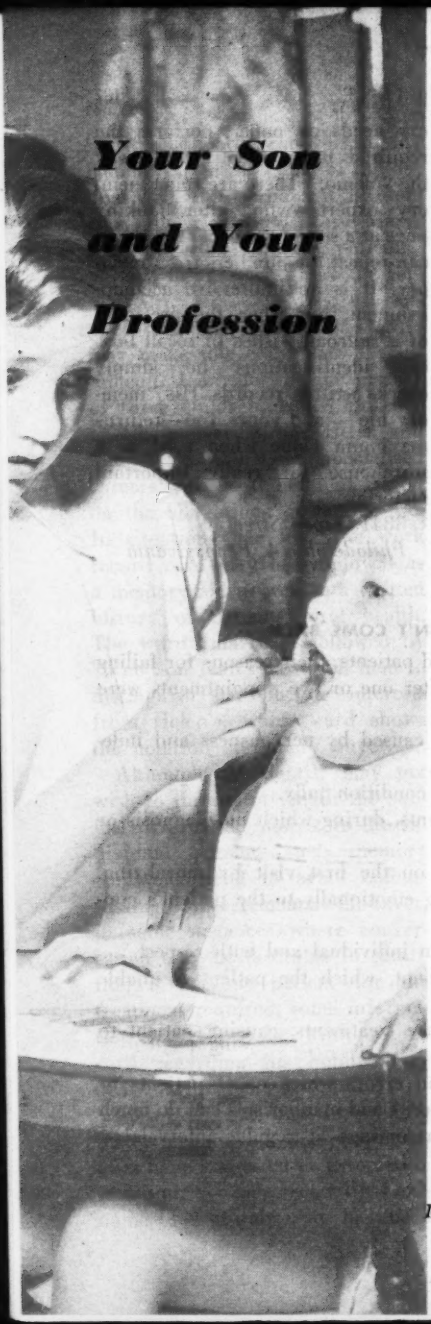
3841 *Aspen Street*
Philadelphia 4, *Pennsylvania*

WHY PATIENTS DON'T COME BACK

In a survey of more than one hundred patients, their reasons for failing to return to a dentist or physician after one or two appointments were classified as follows:

1. Inability to inspire confidence, caused by nervousness and indecision on the part of the practitioner.
2. Failure to discuss the patient's condition fully.
3. Time-consuming first appointments, during which no diagnosis or treatment is accomplished.
4. Embarrassment of the patient on the first visit by moralizing, asking intimate questions, responding emotionally to the patient's condition, or pointing out his defects.
5. Neglecting to treat patient as an individual and with respect.
6. Strict orders for further treatment, which the patient is unable to live up to.
7. Failure to indicate cost of future treatments, causing patient to fear excessive fees.

In order to avoid the attitudes and errors which cause patients to stay away, remember that irritating habits and mannerisms can do much harm. Check yourself for these shortcomings at regular intervals!—*Medical Economics.*



Your Son and Your Profession

BY ERNEST W. FAIR

"No, MY boy isn't going to be a dentist. Says he's not interested. I planned it otherwise for twenty years, but if the boy would rather be something else there's nothing I can do about it."

Did you ever hear someone speak these words and know that bitter disappointment and a broken heart lay behind them? I knew that was happening as I listened to this dentist speak.

"It's a swell profession and I'm tickled to be able to step into Dad's practice and give him a break at last. I think a dentist's office offers me a better future than anything else I could go into."

This father's smile was wide and his eyes filled with pride as his son told me how delighted he was to be able to follow in his Dad's footsteps.

Where was the difference? How had the second father succeeded and why had the first failed?

I have talked to many dentists during the last few years, asking "off the cuff" questions. Here is a summary of the steps these fathers took to bring about their father-son dream.

The "ways and means" in paragraphs to follow are neither all-inclusive, nor do they provide an arbitrary and fixed formula. Some will apply in one situation and some in another. They represent

Your professional reputation will influence your son's and your daughter's choice of a career.

the ideas used by most fathers most often.

"Let the boy decide for himself," is the advice I was given in almost every instance. When the youngster makes his own decision without pressure from his father the end result will bring happiness to both father and son.

"Make the profession attractive to him from an early age," is another piece of good advice. The fun and adventure provided by the profession are the points the wise father stresses.

Professional headaches and problems can be left for the young man's maturity, after he has built up sufficient interest in the profession to make such chores attractive challenges rather than repulsive hurdles.

"Find his main interest and guide him through that channel," is a third piece of advice. If the boy is most intrigued by laboratory work, then all guidance should be along those lines. If he is more interested in x-ray photography, direct his inclination along that path.

"Be a success yourself," is one of the best pointers given by many dentists. The boy whose father does not represent success in his profession will have little interest in following in his father's footsteps. Such success does not always mean the amassing of great wealth. It means the leadership in one's community that comes from the obvious success of one's profession.

"The thing that persuaded my boy to want a part in this profession was the esteem of my fellow men," one successful dentist told me recently. "I'm sure that all young men want to be leaders and, if they can see how their father's profession brought him a position of success and leadership, then it's going to be a mighty attractive profession to them."

The challenge of the future is something on the mind of each young man. The rush of young men into physics, chemistry, aeronautics, and related fields is proof thereof. Each wants to play a useful role in the future world.

Giving a dental career such glamour is not always easy for the father, but it is one of the most important steps he will have to take if he desires his son to follow in his professional footsteps.

"Take him into the office early if you can," is another excellent piece of advice. Let the youngster help in the office after hours or on weekends. Arousing his early interest always pays off.

"When my son received his degree, he told me his chief reason for coming into my office and sharing my practice was that he felt he

had helped to build it a little himself through the years as he grew up," one dentist told me.

Build Prestige

Every dentist who has a son he hopes will follow in his footsteps should never overlook the building of prestige of the profession in the mind of his son. Take him on frequent visits to other dental offices, to conventions, to any gathering where he can see that his father's profession is respected by other men.

The reputation of the dental profession is excellent. Its prestige is at a peak attained through many years of service. Occasionally this position is taken for granted. The prestige of our chosen field must never be taken for granted insofar as our sons are concerned.

"Sell the profession to his friends also," is another good piece of advice. This father knew that a boy's friends can have a great influence upon his choice of a career.

"Have a *real* place waiting for him in the office," is a point often overlooked. Too many fathers fail to give their sons an objective in life or the opportunity to exercise their own ideas.

Encourage Other Interests

The danger always exists that in pushing the idea so hard, so forcefully, and so often, the father's enthusiasm will defeat his purpose. There may be a time when he is faced with defeat due to pressure from some other field. Then his job is a real one.

"My biggest battle was keeping Tom from being swept away by aviation hysteria some years ago," one father recalls, "since he reached maturity when all young men seemed to think the only future that existed for them was in aviation.

"I was able to keep him from yielding to this hysteria by carefully building up in his mind over a considerable period of time the realization that he could have a career both in my profession and in aviation. Today he's a top amateur pilot and one of the best young dentists in our area.

"Aviation lent itself to such handling where some other field might not, but I'll always feel that going along with him in those ideas rather than fighting them outright kept him in the profession. I'm certain the same line of approach could be used in many other cases."

What's that? You have a daughter instead of a son? Today many women are in business and in the professions, more than ever before. Opportunities in the dental profession are as great for a daughter as for a son.

But the important thing, whether it be son or daughter, is that you cannot sit back and take it for granted that he or she will readily follow in your footsteps and carry on the practice to which you have

given a lifetime of sacrifice and work. Unless this dream is to be shattered, you must do more than just hope—you must follow the advice other fathers have given in preceding paragraphs.

Personally, I am going to check through them once again myself, and start applying them tomorrow on those two sons of mine—ages seven and one and one-half!

Box 780
Bristow, Oklahoma

"RESPONSIBILITY WITHOUT AUTHORITY"

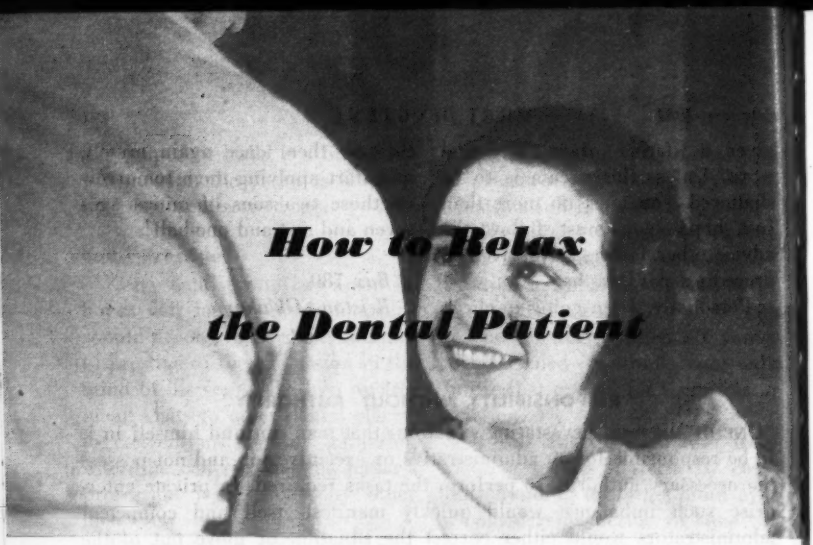
"ONE OF the most devastating situations that man can find himself in is to be responsible for an administrative or executive job and not possess the necessary authority to perform the tasks required. In private enterprise such imbalance would quickly manifest itself and competent administrators would either correct the situation or move out of the impossible. In governmental agencies, either civil or military, dental personnel have regularly found themselves faced with responsibility without authority.

"The American Dental Association has directed a major part of its legislative program toward correcting these inadequacies in the Navy, Army, United States Public Health Service, and Veterans Administration. Partial victories have been achieved in the Navy. Tolerance, because of the threat of legislation, has been accorded dental personnel in the Army, United States Public Health Service, and Veterans Administration.

"The situation in state and local health departments, from a functional point of view, is more important to the dental profession than the national problem, and yet few state dental associations have shown any interest. In several instances, dental programs have recently been reduced in administrative relationships in state health departments.

"The American Dental Association is carrying on an effective campaign to have all dental programs and personnel rank with the comparable medical programs and personnel. The fear of legislation, which is generally inflexible, along with education, is helping.

"It is high time state dental associations set up a committee or assign to a standing committee the problem of 'status' for dental public health programs. In some cases, the personnel in question will be unable or unwilling to complain or assist the committee because of fear of reprisals. In no instance should we settle for anything less than complete parity."—HUGO M. KULSTAD, D.D.S., *Journal of the American College of Dentists.*



How to Relax the Dental Patient

An understanding of the science of human relations is essential in dental practice.

BY R. M. WEBER, D.D.S.

IF I WERE beginning again the practice of dentistry, I would take a thorough course in suggestive therapeutics and hypnology, a subject which is grossly overlooked in our dental curriculum.

The science of human relations is of such great importance in the practice of dentistry that it should be placed high on the list of requirements for each young man entering the dental profession.

Considerable information on suggestive therapeutics, psychic science, and hypnotism, may be found in any library, and it is becoming much eaiser to obtain additional information on these subjects from our dental magazines and in our dental meetings. As time goes on, a more intelligent and unprejudiced use of the various phases of hypnosis will prove to be of tremendous benefit in our daily practice.

Success with the individual patient depends entirely upon our ability to condition that patient mentally, and adapt him to the plan for the rehabilitation of his mouth, and for the maintenance of good dental health. This is of utmost importance, for the patient is not an automaton, and should not be handled as such.

The first step in this process is the complete elimination of tension and the mental apprehension that the patient may feel on his arrival

in the office. Unless this is accomplished, the dentist cannot work with ease, and the patient remains in constant turmoil with himself and his dentist until the work is completed. It is not necessary to hypnotize the patient or even to carry him into the medium stage of hypnosis unless he so desires. The word hypnosis need not be used at any time, although the use of suggestion is, of course, paramount in its induction. If there is any objection to hypnosis, a good practical result may be obtained through suggestion alone.

Explain Treatment

This suggestive influence can be greatly accentuated by helping the patient through his dental treatment with proper psychologic explanation of each step, particularly emphasizing from time to time your constant effort toward complete elimination of pain and discomfort. For instance, if a local anesthetic is used, it is unnecessary for the patient to feel the insertion of the needle. If entering soft tissue, use the syringe in such a manner that the patient, on command, will turn his head into the needle at the proper instant. If entering palatal or gingival tissue, use a topical application first and insert the needle accompanied by digital pressure, while explaining to the patient that he will feel this pressure. Never use the word *pain*. In fact, the more this word is used, the greater the stimulation of fear and the memory of past discomfort in the dental chair.

If you are using a carborundum or diamond stone in the preparation of a tooth, explain to your patient that the constant stream of warm water on the tooth will control frictional heat. The tooth should be supported with finger pressure to reduce vibrational shock. When a steel cutting instrument is being used, eliminate the water and in its place use a small atomizer throwing a mist spray of fine mineral oil against the bur. This facilitates cutting and reduces clogging and frictional heat.

In extracting a tooth, or performing any surgical operation under local anesthesia, keep the patient absolutely relaxed. Be deliberate, kind, and sympathetic in your manner. Tell him what a fine patient he is proving to be, and how mutually helpful he is in making it easier to complete the treatment sooner. You will be surprised to note how favorably patients react to a little extra kindness and consideration, and how much more readily they will cooperate. There is no operation in dentistry that does not allow some suggestive influence to modify its severity.

Use definite psychologic reasons for the placement of treatment packings or temporary restorations. Tell the patient that the drugs used in the treatment will aid materially in the final preparation of the tooth, or whatever is to be done at a future appointment.

Try to dispel all apprehensions that might be carried from one appointment to another. Always tell the patient, "Your next appointment will be an easy one." Then make it so, even though it may include some difficult or disagreeable operation.

Many patients will appreciate suggestions for relaxation and relief of tension at home. This can be done through post-hypnotic suggestion if the patient so desires. Instruct the patient to lie on his back, legs straight, arms lengthwise of the body. Now raise the right leg about eighteen inches. Keep under tension during a slow count to ten, then drop it as if it were entirely detached from the body. Do the same with the left leg. Now raise the right arm about eighteen inches, under tension, count ten, and drop. Repeat with the left arm. Relaxation should be complete now from the neck down. Raise the head about six inches, hold under tension, slowly count to ten, then drop head back. If not completely relaxed, repeat the whole exercise.

One of the best methods for home relaxation is the use of autosuggestion. Anyone can aid himself materially in gaining complete relaxation by repeating, for example: "I am completely relaxed. There is no necessity for me to move a muscle. I am very comfortable. I am free of all tension."

If the exercise described here is used for producing sleep, affirm that: "I am going to remain relaxed. I am going to have a restful night's sleep. I am getting drowsier. I will sleep through the night with no interruption whatsoever, awaken in the morning rested and refreshed, and my tension will be completely gone."

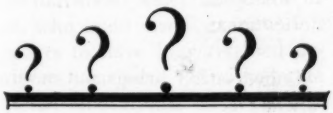
Some readers may think that much of this is the "bunk," and that the extra time spent in patient-conditioning is time wasted. I can assure you that, as time goes on, your results will be evident in many ways, especially in a more ready response to your assistant's recalls. Your patients will be more willing and more cooperative, and will remain loyal to you as a result of this extra personalized service, a service which the grateful patient will gladly pay you for.

I wish that I could recall to whom credit is due for some of the suggestions that are presented in this brief article. Perhaps that is not too important. The important thing we are all interested in is the successful delivery of more agreeable dentistry to a more satisfied patient. If this article contributes even in a small way to this all-important end result, I feel sure any plagiarism of mine will be overlooked.

In conclusion, may I say that if you are skeptical of the use of hypnosis in the dental office, attend some lectures on the subject, and be your own judge of its efficacy.

1209 *Professional Building*
Kansas City, Missouri

So You Know Something About DENTISTRY!



QUIZ CI

1. The commonest cause of abrasion (a) are habits, (b) are abrasive substances used in occupations, (c) is the use of an abrasive dentifrice. _____

2. True or false? In unilateral molar extractions there is a shift toward the side from which the permanent molar is extracted and a collapse of the arch. _____

3. When using compound for inlay impressions, why is a tightly fitting impression tube and a minimum of compound used? _____

4. High salicylate intake in rheumatic patients or chronic use of aspirin may result in (a) decreased, (b) increased, (c) unaltered, blood clotting time. _____

5. Is conclusive evidence available to justify the addition of fluorides to mouthwashes and dentifrices? _____

6. Unduly prolonged duration of anesthesia after the injection of procaine may be due to (a) injury of the nerve by the needle or by the operation, (b) presence of alcohol in the syringe at the time of injection. _____

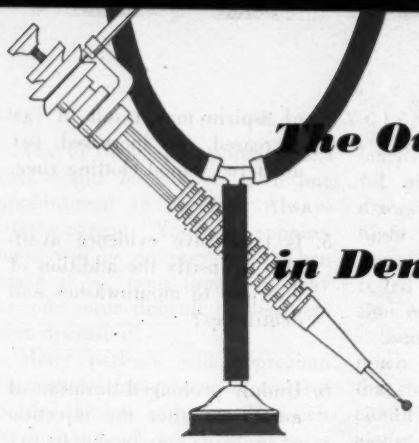
7. True or false? If the alkalinity of the saliva is increased, the result will be excessive formation of salivary calculus on the teeth. _____

8. When the cusp ridges of the teeth are worn flat (a) more, (b) the same, (c) less, force is required to cut and sheer the bolus. _____

9. Where is underextension most likely to occur in the lower artificial denture? _____

10. Is it wise to place an acrylic restoration over a eugenol-zinc oxide base? _____

FOR CORRECT ANSWERS SEE PAGE 205



The Overlap in Dental Practice

BY LOUIS H. GUERNSEY, D.D.S.

Dentists aid physicians in the early recognition of systemic disease.

WHERE DOES the practice of dentistry end and that of medicine begin? Today, dental practice has progressed far beyond the single-restoration-in-the-single-tooth stage; rather it is in the vanguard of the early recognition of systemic disease. Dentistry is in this enviable position more than any health service because of the regularity with which patients return for routine dental care.

Visualize a woman patient, age 34, who in your dental chair acts like a bundle of nerves, unable to sit still, emotionally disturbed over the thought of the necessary dental treatment to follow. You naturally want to soothe her and discover why she is so distraught.

Conversation brings out several salient facts. She seems always tired, jumpy, nervous; eats well, but is slowly losing weight. She has a "fluttery" feeling in and around the heart and perspires freely when exerting herself little. Shortness of breath follows slight exertion.

A pattern begins to emerge from the facts, and a definite systemic disorder is suspected. Oral symptoms are not pathognomonic, but rapidly progressing caries and some periodontal infection are present.

The tentative diagnosis would be hyperactive thyroid, and as such you decide that little dental treatment should be undertaken until final diagnosis has been made and treatment instituted. Emergency care to relieve pain and to arrest the worst caries will suffice until then.

Now a delicate problem must be faced: how, in a few sentences,

can you explain that your findings are indicative of systemic disease and that a visit to the family physician is advisable?

How gratifying it is to have this same patient return to thank you for your recommendation to seek medical advice which led to a cure of the condition!

Gastric Symptoms

Now visualize a strapping, six-foot-four-inch male, 22 years of age, who upon visual examination appears to have four retained deciduous incisors. A moderate amount of dental caries is present. On closer scrutiny, the entire upper dentition appears different, as if the enamel of the crowns has been dissolved on the lingual surfaces. The crowns appear glossy and polished.

Full mouth roentgenograms reveal the upper incisors to be permanent incisors by their root formation, and that the moderate dental caries, because of the enamel dissolution, is serious, involving several pulps.

A pattern again emerges. Here the enamel of the incisors of a healthy young man has been dissolved by some acid action. Questioning brings out the fact that the patient has vomited frequently for a period of years, which, in all probability, was caused by a hastily diagnosed duodenal ulcer, for which routine ulcer diet was recommended in treatment. This apparently was not bringing about the expected improvement.

A complete history was then taken, and more emphatic medical treatment was urged to arrest dental damage occurring as a result of the condition.

In this case again, the interest of the dentist in the patient definitely contributed to a reappraisal of a condition which was being tolerated, and complete alleviation of symptoms was obtained following gastric resection surgery.

Oral Manifestations

Many systemic conditions may be recognized by dental and oral symptoms: the sinusitis-caused toothache; the beefy tongue of pernicious anemia; the avitaminoses; the smoker's cough of bronchiectasis, and the associated nicotine stomatitis; the acute painful lesions of pemphigus and lupus erythematosus, which are so often fatal; and the syphilitic glossitis with leukoplakia, too often advanced spreading carcinoma; and the small denture sore, which may be an early neoplastic breakdown.

This is the overlap, the common ground on which we must stand or fall with our medical colleagues. This is where we prove that dentistry is concerned with more than dental procedures, and is active in the recognition and cure of disease. This is the field of dental medicine.

325 *Main Street*
Gooding, Idaho

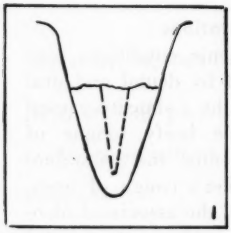
TECHNIQUE of the Month

Conducted by W. EARLE CRAIG, D.D.S.

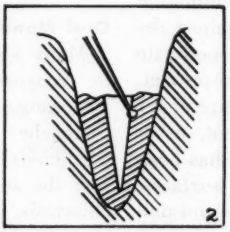
Drawings by Dorothy Sterling

Removal of Loose Broken Root from Socket

BY JULIAN F. PORTAL CABAL, D.D.S.



The case: distal root is loosened, but is difficult to remove from socket.



Using a round bur (No. 1 or larger—depending on the size of the fragment), make a small notch or retention point within the apical canal.

Select a long thin instrument. Bend the pointed end to a right angle a few millimeters from the tip.

Insert the instrument into the canal until the bent tip engages the notch. Gently pull the root from the socket.

NOTE TO CONTRIBUTORS

We invite dentists to submit material for this page; $10.00 will be paid for each technique used. It is not necessary to make finished drawings—or even sketches—if you explain the procedure clearly, in detail, in your letter.

Please send your technique to:

Dr. W. Earle Craig,
Oral Hygiene Publications,
1005 Liberty Avenue,
Pittsburgh, Pennsylvania

DEAR ORAL HYGIENE

"Stick-up" Finale

It was indeed a surprise to receive my October ORAL HYGIENE and, in reading it from cover to cover, as is my usual custom, to discover on page 1431 as the PICTURE OF THE MONTH, my own picture portraying the attempted holdup that occurred in my office. I received twenty-nine 'phone calls, calling my attention to the fact from members of the profession, proving how diligently your magazine is read here in Philadelphia.

I also received requests from the three police officers and captain of the district for a copy of ORAL HYGIENE. These officers took me to the hospital, detailed an officer to my office until my return, and I should like to favor them if possible.

Incidentally, both "stick-up" artists—a man and a woman were involved—received sentences from ten to twenty years, so they will be out of circulation for some time.

By the way, I note that Social Security has been turned down by the ADA again. Why is it not possible for those wanting it to secure this protection individually, and for those not caring for it to ignore it completely? I think an article on this thought would receive a tremendous response. — GEORGE W. WITTMAIER, D.D.S., 2647 North 5th Street, Philadelphia, Pennsylvania.

Fluoridation

I am rather amused at the stand so many dentists take in regard to the use of or pollution of our community water systems with fluorides. They elaborate on the increasing rate of dental caries and state that if something is not done soon our children's teeth will be ruined.

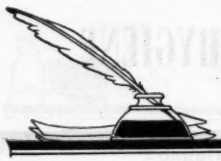
Why do these practitioners continuously treat the effect and not the cause of this oral condition? They should get to the source by putting on a campaign against the sugar interests, soft drink and candy manufacturing concerns. You can saturate the child with the "ides," but if he continues on the concentrated sugars, your treatment is of no avail.

The average parent does not think about a balanced and sane diet, and the fluoridation of water is an "out." The parents say, "Doctor, you put that stuff on my child's teeth; how about these cavities?" Your answer is to question the intake of cakes, pies, and candies. In amazement, they exclaim, "Do I have to deny him those things he likes?"

It has been my pleasure to try to practice preventive dentistry for many years. I still advocate good oral care and nutritious food as the best way to better teeth and health, but not chemistry in a bottle or barrel.—E. P. LIENEMANN, D.M.D., 1029 Medical-Dental Building, Seattle, Washington.

WHEN YOU CHANGE YOUR ADDRESS

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.



EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

"DOCTOR, STOP KILLING YOURSELF!"

WHEN A NEW year begins most of us take stock of our resources and make some pledges to amend our lives. Before the soft spring breezes have come our way, we are likely to be back in our accustomed pattern of behavior, making the same old mistakes. Some of our greatest errors lie within the field of personal hygiene and care of the self.

An article in *Medical Economics*[1] under the title "DOCTOR, STOP KILLING YOURSELF!" is as applicable to dentists as it is to physicians. The writer asks his readers to answer the following questions "objectively and thoughtfully":

How many hours of work do you average a day?

Do you see patients by appointment, or do you let your reception room become overfilled, with the resulting tension that comes from a continual push against time?

Do you have evening office hours when they're not really necessary?

Do you take an hour for lunch—outside your office?

Do you rush out to play golf or tennis when dog tired?

How much sleep do you get? Are you building up a chronic weariness from only five or six hours, night after night?

Are you a human smokestack? How many cigars, pipes, or cigarettes do you consume a day?

Do you limit yourself to an ounce or two of alcohol before dinner? Or do you habitually rely on four to six ounces every day to dispel exhaustion?

Are you overweight? If so, what are you doing about it?

If fatigue, tension, hurry, worry and indecision, are the greatest enemies of serenity and good health, it is time that we began to accept these facts and to put them into practice in our lives. All the entertain-

[1]Doctor, Stop Killing Yourself! Medical Economics **30**:115 (October) 1952.
[2]Page, I. H.: The Nature and Treatment of Arterial Hypertension, The Heart Bulletin **1**:54 (July-August) 1952.

ing and inspiring talks that we hear on practice management, all the scientific presentations on biologic subjects, all the practical clinics on technical procedures, are entirely meaningless if we are so incapacitated that we cannot practice dentistry.

A recent Associated Press story from Detroit mentioned a dentist who died while extracting a tooth. Death can as easily occur during this kind of strain as it can while driving an automobile, shoveling snow, or even during sleep. The important point is that the dentist who died while perfoming the extraction was probably functioning at the limit of his physical and emotional reserves. Like most dentists he likely had been working at too tight a schedule on too many people who themselves were under stress and strain. The morbidity and mortality rate from heart disease is unusually high among dentists and physicians because they are subject to their own inner tensions and because they seem to acquire and absorb the stresses and strains of their patients. Anxiety and tension are infectious!

Writing on the subject of hypertension, which is a syndrome that is reflected by elevated blood pressure but that originates in the complex nervous system of man, Irvine Page[2] of the Cleveland Clinic Foundation says:

"Particularly important as causes of hypertension are the simple things, commonly overlooked or undervalued because they lie so close at hand. Everyone knows that a variety of traumatic factors in daily life increase arterial pressure in susceptible people. What then is more important than to begin treatment by so levelling out the patient's environment and his reaction to it that these peaks are avoided? The essence of the problem lies in an orientation toward a well-ordered life, the cultivation of equanimity, the selection of proper habits of diet, exercise, work, and rest. Any approach to the treatment of essential hypertension which neglects these factors is basically defective."

The treatment for *any condition* that ignores these facts is defective treatment. We dentists, in our practices and with ourselves, often forget these fundamental life facts. We should all make the effort to do better in the care of the self.

Edward J. Ryan

Dentists in the NEWS

Lincoln (Nebaska) Evening Journal: Doctor H. C. Zellers, Lincoln dentist and President of the Nebraska Council of Wildlife Clubs, has received the National Association of Conservation and Education award for his wildlife conservation and education activities. The award was presented to Doctor Zellers by the Executive Secretary at the banquet meeting of the personnel of the State Game Commission "for outstanding contribution to better farmer-sportsmen relationships and conservation education in Nebraska." In 1950, Doctor Zellers received the Nebraska Conservation Trophy.

Chicago (Illinois) Daily Tribune: One of four persons honored during the centennial celebration in the community of Utica, Illinois, was Doctor M. P. Hamil, who has practiced dentistry in the same office for forty-seven years. Doctor Hamil; Doctor J. S. Geen, a physician; E. D. Glancy, a grocer; and E. W. Woodbury, a barber, were the four to whom the town paid tribute for their services in building up and maintaining the community during the last fifty years. More than 8000 persons gathered to witness the centennial parade down Utica's main street.

Peekskill (New York) Evening Star: An instrument designed to "revolutionize the kitchen" has been invented by Doctor C. W. Fuller of Yonkers, whose inventions have been paying off since he retired from his dental practice in 1945.

Doctor Fuller's latest invention, which he named the "Gilhoolie," is a 10-ounce chrome instrument which unscrews bottle and jar caps, removes jar lids, and removes and reseals crown caps from soft drink bottles. It is adjustable and so easily operated that "a child can use it." Doctor Fuller and four partners have formed the Riswell Company to pack and distribute the "Gilhoolie."

Lubbock (Texas) Morning Avalanche: Doctor Harry Sicher, one of the leading authorities on oral surgery, recently addressed the Annual Session of the South Plains Dental Society in Lubbock, Texas. A former professor at the University of Vienna, Doctor Sicher was practicing dentistry in that city when Austria was invaded by the Nazis in 1938. On July 4, 1938, Doctor Sicher, his wife, and his sister, made their escape from Austria by air, and in 1944 he became a citizen of the United States. He is now a member of the staff of Loyola University in Chicago, an associate professor of anatomy at Chicago Medical College, and a guest lecturer at Northwestern University Dental School. Doctor Sicher estimates that he has travelled 25,000 air miles to lecture at dental meetings in many different lands.

Sapulpa (Oklahoma) Democrat-News: Under the supervision of 1st Lieutenant Thomas J. Toma (DC), the 7th Artillery Division dental section has set up "Operation Molar." In carrying out the division's program of preventive dentistry, Lieutenant Toma—in addition to maintaining his "home office" schedule—visits each unit for two days each week, examining each man in the unit, and administering "on the spot" treatment where necessary. In this way, each man is examined at least once every five months. Lieutenant Toma believes that

any service rendered in a dental office in the United States "can also be accomplished under field conditions in Korea."

Saginaw (Michigan) News: Doctor Richard H. Gilmore of Saginaw has been elected Chairman of the University of Michigan Orthodontic Alumni. The 140 members of this organization have contributed $2000 to the University's Dental School for the purchase of new research equipment.

Philadelphia (Pennsylvania) Inquirer Magazine: A dentist born in Cairo, Egypt, Doctor Barook J. Masuda, is well-known as a lecturer, traveler, athlete, and magician, and speaks, reads, and writes eleven languages. After obtaining his degree from the Dental School at the University of Pennsylvania, he remained in this country to practice dentistry in Philadelphia. Doctor Masuda is also noted for his Egyptian cookery, distinctive for its flavor and aroma. Each dish combines well-proportioned ingredients and condiments that tend to preserve the nutritional value, according to Doctor Masuda. Given free rein in the kitchen by Mrs. Masuda, he prepares many foreign dishes for his unusual dinner parties.

Miami (Florida) Herald: In preparation for his retirement in less than two years, Doctor M. W. Case, a Chicago dental surgeon, commutes by air nearly every weekend to his home near Melburne, Florida, where he is making a study of tropical horticulture. As a trained bacteriologist, he became interested several years ago in bacteria and the fungi of the soil, and the important role of beneficial bacteria in the life of plants and animals. According to Doctor Case, cane syrup and cane juice contain essential minerals and vitamins, and he is making a collection of sugar cane varieties for study. When his son graduates from dental school in twenty months and takes over Doctor Case's practice in Chiago, the 61-year-old dentist will live in Florida and devote all of his time to horticultural and bacteriologic research.

Marshfield (Wisconsin) News-Herald: Doctor Frank Weix, a dentist of Colby, Wisconsin, displayed his collection of wood carvings and gave a talk on his two-year-old hobby to Cub Scouts of the North Wood County District. In two years, Doctor Weix has built a collection of 50 carvings, specializing in copies of works of the Indians, which include the Tehus dolls of the Hopi Indians, and a two-foot-long peace pipe with a bowl of Minnesota pipestone. Most of Doctor Weix's carvings are of basswood, selected for its fine grain and softness.

Waterloo (Iowa) Sunday Courier: The Beaver Grove Ranch golf course, near New Hartford, owned by Doctor A. E. Meswarb, is unique in that it consists of only four holes. It was constructed by Doctor Meswarb, a dentist of Cedar Falls, as a means of pursuing his hobby and as a source of entertainment to his friends. The course recently was the scene of a golf tournament, in which eight two-man teams, consisting of one professional and one amateur player, competed for first prize, a 350-pound calf. Second and third prizes were two lambs and two chickens.

Wisconsin State Journal: Lieutenant Colonel Leslie R. Allen (DC) USAF, formerly of Argyle, has been assigned at San Antonio, Texas, as head of clinical dentistry at the School of Aviation Medicine. He will participate in a new Air Force dental program, which includes testing of new plastic restorations under temperature and pressure extremes, as well as other Air Force dental problems. Colonel Allen is a veteran of nine years in the Air Force, twenty-seven months of which were spent in the Pacific during World War II.

Miami (Florida) Herald: A double-cushioned mouthpiece for boxers, designed by Doctor Vincent Oddo, Jr., of Providence, Rhode Island, to "prevent the transfer of the force from the chin to the base of the skull where the permanent damage is done," has been endorsed by the National Boxing Association. Doctor Oddo, a medical adviser for the Association, began his mouthpiece experiments at an Air Force base during the war. At the present time, 15,000 of Doctor Oddo's appliances are in use in schools throughout the country.

Cleveland (Ohio) Plain Dealer: The John R. Callahan Memorial Award, highest honor bestowed annually by the Ohio Dental Association, was presented to a Cleveland orthodontist, Doctor B. Holly Broadbent, professor of dento-facial morphology at Western Reserve University dental school and director since 1929 of the $300,000 Bolton Fund, the world's largest individually endowed fund for dental research. Doctor Broadbent was honored for his participation, with the late Doctor T. Wingate Todd, in the development of the cephalometer, a device for measuring skulls, which is used by research institutions and in the practice of orthodontia to detect and check potentially "crooked" teeth. If jaw development is appraised early in children, facial disfiguration as well as much mechanical treatment may be eliminated. Presentation of the award took place in Columbus.

Glassboro (New Jersey) Enterprise: Among those honored at a testimonial dinner given by the Southern Dental Society of New Jersey was Doctor T. Franklin Gifford, who had practiced dentistry for fifty-five years prior to his retirement. Through his years of practice, Doctor Gifford pioneered in developing new dental techniques, maintained an active interest in the public health aspects of dentistry, and invented a dental splint for jaw fractures. He was a charter member of the Southern Dental Society at its organization in 1899.

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

Lucille Kumrow, North Cedar, Cedar Falls, Iowa
L. Lieberman, D.D.S., 1602 Lincoln Terrace, Peekskill, New York
Alvin Stacy, Willard, Wisconsin
Edna Hoffman, 1100 Claremont Street, Lincoln 8, Nebraska
Mrs. Albert Paepke, Sauk City, Wisconsin
Doris Smalley, 2316 32nd Street, Lubbock, Texas
Louis L. Binder, D.D.S., 5237 North 5th Street, Philadelphia 20, Pennsylvania
Morris Cohen, 1132 Euclid Avenue, Miami Beach, Florida
E. W. Sudlow, 2952 SW 38th Court, Miami 34, Florida
A. Colburn, 16875 Sussex, Detroit 35, Michigan
Theodore Katz, D.D.S., 2802 Grand Concourse, Bronx 58, New York
Ruth Gifford Shropshire, 409 Elmer Street, Vineland, New Jersey
George B. Fritz, 125 Tarbell Avenue, Bedford, Ohio
Mrs. Lela Kerlin, 1402 Central Street, Evanston, Illinois

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News,* we will send promptly a crisp,

new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ CI

(See page 195 for questions)

1. (c) use of an abrasive dentifrice. (Robinson, H. B. G.: Abrasion, Attrition and Erosion of Teeth, Health Center J. Ohio State U. **3**:22 [December] 1949)
2. True. (Schweitzer, J. M.: Oral Rehabilitation, St. Louis, C. V. Mosby Company, 1951, page 216)
3. Such a tube is more flexible and less likely to be permanently deformed in removal from slight undercut. (Smyd, E. S.: The Mechanics of Dental Structures, JADA **44**:192 [February] 1952)
4. (b) increased. (Bernstein, Emanuel; and Neuworth, Isaac: Prescription Aids in Everyday Dentistry, JADA **43**: [December] 1951)
5. No. (Accepted Dental Remedies, ed. 17, American Dental Association, 1952, page 109)
6. (a), (b). (Blair, V. P.; and Ivy, R. H.: Essentials of Oral Surgery, ed. 4, St. Louis, C. V. Mosby Company, 1951, page 610)
7. True. (Shepro, M. J.: Oral Manifestations of Metabolic Disturbances, JADA **43**:543 [November] 1951)
8. (a) more. (Goldman, H. M.: Periodontia, ed. 2, St. Louis, C. V. Mosby Company, 1949, page 40)
9. In the area of the retromolar pad and the posterior part of the buccal flange of the denture. (Keyes, F. M.: Pitfalls in a Full Denture Service, JADA **43**:651 [December] 1951)
10. No—eugenol acts as a plasticizer on acrylic and softens the restoration. (McLean, J. W.: Investigation into Physical Properties, Histopathology and Clinical Technic of Mouth Temperature Polymerizing Resins, Brit. D. J. **89**:221 [November 21] 1950)

ASK Oral Hygiene

Please communicate directly with the department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Reducing Postoperative Sensitiveness

Q.—With reference to postoperative sensitiveness, what percentage of zinc chloride and potassium ferrocyanide is recommended?—A.G.P., Pennsylvania.

A.—The Gottlieb treatment for sensitiveness of cervical areas, to reduce the incidence of caries and to reduce the postoperative sensitiveness of teeth containing metal restorations, is as follows:

Preferably with the rubber dam in place, the areas to be treated are first cleansed with hydrogen peroxide; 1 per cent Nacconal is then applied, followed by 40 per cent zinc chloride. This is allowed to stand one minute, when it is reduced with 20 per cent potassium ferrocyanide.

Nacconal is sodium alkyl sulfoacetate, an agent to reduce surface tension. It is put out by National Aniline Division, Allied Chemical and Dye Corporation, New York, New York.—GEORGE R. WARNER.

Infiltration Injection

Q.—When I was making an infiltration injection on an upper right molar, the cheek began to swell almost immediately. The tooth was extracted painlessly with no postoperative pain, but a week later the swelling was still present. What would cause this condition?

I also have a case where I extracted six anterior upper teeth with no postoperative pain but a large swelling (similar to a "blood blister") appeared in the palate. Can you diagnose this swelling?—H.A.S., Pennsylvania.

A.—The swelling in the cheek following your maxillary molar infiltration injection was probably the result of the needle penetrating a blood vessel.

Such a result from nerve blocking maxillary molars is more common than from nerve blocking elsewhere in the mouth. There is often a resulting hematoma, embarrassing to the dentist.

In the case of the upper anterior teeth it is possible that the palatal injection, which I suspect you made, was too shallow or, in removing the teeth, the mucosa was traumatized.—GEORGE R. WARNER.

Copper Die

Q.—Thank you for your prompt reply to my question concerning the construction of a copper-plating apparatus.

It is my impression from your answer that your crown and bridge technician does not use the copper die in his work. My reason for asking the question is that I am seeking a better type of die for my jacket work than the amalgam

dies which I am now using.

May I inquire as to the type of die used by your ceramist? I should like to have a detailed outline of his technique for constructing dies. I will try anything which I feel will improve my technique, and I want to develop a better die.—D.L.L., Pennsylvania.

A.—Our ceramist has written the following description of her procedure in die making:

"For porcelain jacket crown dies, wrap the tube impression with pink 28-gauge wax about one inch wide, and seal well on the tube. Take a sufficient amount of amalgam and mercury in a mortar and cover with a dilute hydrochloric acid solution. Let this stand a short time, work it well in the palm of your hand, then wash thoroughly in water. This leaves a clean amalgam lump, fairly soft. Squeeze out an amount the size of the end of your small finger. Take a small amount of soft amalgam to start the die, adapting it to the bottom of the impression with a round toothpick. Proceed with small amounts of the dry amalgam, thoroughly incorporating them with the amalgam in the die, and carefully getting it in the area of the shoulder. Fill the entire tube and then place in a centrifugal casting machine to whirl out the excess mercury. Let it stand over night if possible or at least for four hours."—V. CLYDE SMEDLEY.

Inflamed Mucosa

Q.—My patient has had a partial upper horseshoe-type denture for about two years. Lately he has developed under the denture an inflammation of the tissues, which bleed occasionally. The area is not sore consistently, but the inflammation concerns me. I have tried to adjust the pressure by grinding down the high spots and also have relined the surface. The patient has used milk of magnesia as a mouth wash, but to no avail. He also taped a piece of acrylic under his arm, but there was no reaction. At times the tissue seems improved but again it becomes quite aggravated.

The last issue of ORAL HYGIENE suggests the massive dosage of Vitamin C. Do you advise this procedure, or other treatment?—M.C.A., California.

A.—In cases similar to yours, we have tried covering the tissue surface with a varnish to determine if there might be an allergic reaction from the acrylic base. This procedure has not helped the inflamed, and in one case hypertrophied, mucosa. In this last mentioned case and in one other case of highly inflamed mucosa under partial upper dentures, 1500 milligrams of ascorbic acid daily for about three weeks cleared up the condition satisfactorily.—GEORGE R. WARNER.

Cavity Sterilizing Agent

Q.—For years I have been using a cement mixed with a little phenol and eugenol to a putty-like consistency, as a base for nearly all restorations. It has been brought to my attention that you recommend using an agent other than phenol. Would you please advise me as to what it is?—A.W.B., Texas.

A.—It is known that phenol is an effective antiseptic, but one

author[1] found that it was not as effective as thymol; phenol also has a more caustic action than thymol. In fact, the author states that thymol is 23.4 times stronger than phenol in cavity sterilization. —GEORGE R. WARNER.

Temporomandibular Joint

Q.—I have a male patient, about 50 years of age, who is troubled with a cracking noise at the temporomandibular articulations. The condition is present while eating. However, the articulation seems to be perfectly normal.

I attribute his complaint to a scarcity of synovial fluid. Am I correct? Is there any remedy for this condition?—H.I.H., Pennsylvania.

A.—The "cracking noise" of which you speak in the temporomandibular joints of your male patient may be caused by one of several conditions. Such noises are considered by some authorities to be an indication of arthritis, and the arthritis could be caused by oral infection.

I had one such case clear up when I treated a case of periodontitis. We have had several cases that cleared up when missing molar teeth were replaced. One case was caused by an extension saddle partial denture on the mandible which had settled out of occlusion. Some cases are caused by strain on the joints in eating or yawning.

Inasmuch as the occlusion in your patient's mouth is normal—and you should make certain that it is—I should think it worthwhile for you to investigate possible infection in the mouth or sinuses.—GEORGE R. WARNER.

[1]Day, H. W.: Thymol in Cavity Sterilization, JADA **31**:605-615 (May) 1944.

Application of Thymol

Q.—In your department ASK ORAL HYGIENE, you advise the use of liquid thymol for sterilizing cavities.

Can you let me know what strength solution you advise?—S. K., New York.

A.—As you know, thymol crystals are liquefied by heat in order to obtain pure liquid thymol. Doctor Day, whose article I quoted, heats the points of cotton pliers and dips these in a container of crystals, which results in liquid thymol being caught between the plier points. He then opens the pliers in the cavity and the liquid drops from the pliers into the cavity.—GEORGE R. WARNER.

Treatment of Caries

Q.—I am writing you to suggest a treatment for the case of "Rampant Caries"[2] of Doctor J.C.C. of Kansas.

These cases where all other prophylactic and dietary methods fail, I believe, are due to an endocrine disturbance, likely parathyroid deficiency. If you will refer Doctor J.C.C. to my article in the DENTAL DIGEST[3], he may be able to treat this case with parathyroid extract.

By all means in this case have him see that his patient has a B.M.R. made, as the two glands are closely allied. It is advisable to consult an endocrinologist in these cases.—HAROLD J. WINKELSPECHT, D.D.S., Cooper and Warren Streets, Beverly, New Jersey.

[2]Rampant Caries, ASK ORAL HYGIENE, ORAL HYGIENE **42**:737 (May) 1952.

[3]Winkelspecht, H. J.: A Report on the Treatment of Rampant Caries with Parathyroid Extract, DENTAL DIGEST **52**:89 (February) 1946.

A.—Please accept my thanks for your letter and the helpful suggestions it contained for treatment of cases of rampant caries. I recently had a case of rampant caries in the mouth of a woman who had ocular evidence of thyroid gland involvement. I suspected that the thyroid condition was responsible for the caries, but, for support of my theory, I consulted an eminent endocrinologist. He had never considered the possibility of dental caries being related to thyroid gland dyscrasia; in fact, such a relation had never been brought to his attention. I could not go any further in this case for the woman decided to have a thyroidectomy, and I have not seen her since the operation.

I have B.M.R.'s made in many cases, but have not been certain of benefits, because I usually have had the diet adjusted also.—GEORGE R. WARNER.

Nerve Pressure

Q.—I have a woman patient, age 66, whose case has baffled me as well as her physician.

She has been a patient of mine for a year, and she originally complained of pain in the upper right second bicuspid and the edentulous posterior area.

Roentgenograms of the edentulous area, third molar area, and of the second bicuspid gave no indication as to the cause of the severe pain she experienced. I referred the patient to a physician, who in turn sent her to a nerve specialist. Neither physician could locate the cause of the condition.

The patient returned to me and I extracted the bicuspid, which eliminated the pain. A year later she came to my office with the same symptoms. Once again I performed an extraction, which brought her relief. She has lost twelve teeth in the last eighteen years in almost the same manner.

What is your explanation of this condition? Do you recommend extraction of the remaining six teeth in the upper arch?—H. G. W., Pennsylvania.

A.—We have had a few patients during our years of practice whose experience has been similar to this case, and occasionally no permanent relief was found until the last tooth was extracted. Have you replaced the teeth as soon as they have been extracted? Such pain symptoms are sometimes caused by nerve pressure within the temporomandibular joint because of a lack of molar occlusal support.—V. CLYDE SMEDLEY.

Denture Discomfort

Q.—I have a patient, 45, for whom I made a partial upper denture to replace the bicuspid and molar areas on both sides. The patient complains of pressure, which tends to draw the denture in toward the center of the palate. This occurs only after the patient overexerts himself. There is no other pain and he has been wearing the denture for 3 months.—H.I., Hawaii.

A.—The feeling described may result from the impression having been taken under too heavy pressure. If the denture has an overarch bar, the trouble can be caused by the patient holding the denture by both wings when brushing it. In dentures of that type, it is advised that it be held by one wing during brushing.—GEORGE R. WARNER.

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LAFFODONTIA

The young student was being taken to task for having exceeded his vacation by two days.

Professor: "Well, what have you to say for yourself?

Student: "I am awfully sorry. I really couldn't get back before. I was detained by most important business."

Professor: "So you wanted two more days of grace, did you?"

Student: "No sir—of Gladys."

★

"She has a very magnetic personality," said one woman.

"She ought to have," replied the other woman, "every stitch she has on is charged."

★

The pianist was playing the first bars of the 'Wedding March.'

Wife (to her weary husband): "What's that?"

Husband: "Oh, that's the beginning of 'Stormy Weather.'"

★

Mrs. Brown was complaining to her doctor that the bill was unreasonably high.

"Don't forget," he reminded her, "that I made 11 visits to your home when your son had the measless."

"And don't you forget," she countered, "that he infected the whole school."

★

"Why do you define a wolf as a modern dry cleaner?"

"Because he works so fast and leaves no ring."

★

A man with a wonderful vocabulary is one who can describe a shapely girl without using his hands.

Student: "Could you help me with this problem?"

Prof: "I could, but I don't think it would be quite right."

Student: "Well, take a shot at it anyway."

★

"I'm anxious to make this shot. That's my mother-in-law up on the clubhouse porch."

"Don't be a fool, you can't hit her at 200 yards."

★

Fellows who drive with one hand on the wheel are usually headed for church. Some of them will walk down the aisle—others will be carried.

★

Then there was the cross-eyed professor who couldn't control his pupils.

★

Wife: "Joe, get out of bed this minute. I heard a mouse squeak."

Joe: "Well, what am I supposed to do, oil it?"

★

Duke: "Are you sure your wife knows you're bringing me home to dinner?"

Luke: "Does she know! We argued about it for half an hour this morning."

★

A castaway on a desert island, following another shipwreck, pulled ashore a girl clinging to a barrel.

"How long have you been here?" asked the girl.

"Thirteen years," said the castaway.

"All alone—then you're going to have something you haven't had for thirteen years," said the girl.

"You don't mean to tell me there's *beer* in that barrel?" said the castaway.